

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 7 Park Center

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2015

City	State	Zip Code
Pittsburgh	PA	15220

Amount of Each Disbursement this Period

119.10

Purpose of Disbursement
transportationCategory/
Type

Transaction ID : D10-00Kv52

[MEMO ITEM]

Credit Card Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 7 Park Center

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2015

City	State	Zip Code
Pittsburgh	PA	15220

Amount of Each Disbursement this Period

283.10

Purpose of Disbursement
transportationCategory/
Type

Transaction ID : D11-00Kv53

[MEMO ITEM]

Credit Card Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 7 Park Center

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2015

City	State	Zip Code
Pittsburgh	PA	15220

Amount of Each Disbursement this Period

228.10

Purpose of Disbursement
transportationCategory/
Type

Transaction ID : D12-00Kv54

[MEMO ITEM]

Credit Card Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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